

JC985 U.S. PTO  
08/24/01

08-27-01

A/Re

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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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09/936627 PTO  
08/24/01

## REISSUE PATENT APPLICATION TRANSMITTAL

## Address to:

Assistant Commissioner for Patents  
 Box Reissue  
 Washington, DC 20231

Attorney Docket No.	D5407-25 (B-519)
First Named Inventor	Hirth
Original Patent Number	6,079,496
Original Patent Issue Date (Month/Day/Year)	June 27, 2000
Express Mail Label No.	EL675616588US

APPLICATION FOR REISSUE OF:  
 Utility Patent     Design Patent     Plant Patent  
 (Check applicable box)

## APPLICATION ELEMENTS (37 CFR 1.173)

1.  Fee Transmittal Form (PTO/ SB/ 56)  
*(Submit an original, and a duplicate for fee processing)*
2.  Applicant claims small entity status. See 37 CFR 1.27.
3.  Specification and Claims in double column copy of patent format (*amended, if appropriate*)
4.  Drawing(s) (*proposed amendments, if appropriate*)
5.  Reissue Oath/Declaration (original or copy)  
*(37 C.F.R. § 1.175) (PTO/SB/51 or 52)*
6. Original U.S. Patent currently assigned?

Yes     No

*(If Yes, check applicable box(es))*

Written Consent of all Assignees (PTO/SB/53)  
 37 C.F.R. § 3.73(b) Statement     Power of Attorney  
*(PTO/SB/96)*

## ACCOMPANYING APPLICATION PARTS

7.  Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8.  Original U.S. Patent for surrender
  - Ribboned Original Patent Grant
  - Statement of Loss (PTO/SB/55)
9.  Foreign Priority Claim (35 U.S.C. 119) (*if applicable*)
10.  Information Disclosure Statement (IDS)/PTO-1449     Copies of IDS Citations
11.  English Translation of Reissue Oath/Declaration (*if applicable*)
12.  Preliminary Amendment
13.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
14. Other: .....  
.....  
.....

## 15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label    or  Correspondence address below  
*(Insert Customer No. or Attach bar code label here)*

Name	Richard T. Redano Duane, Morris & Heckscher LLP			
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NAME (Print/Type)	Richard T. Redano	Registration No. (Attorney/Agent)	32,292
Signature	Richard T. Redano	Date	8/24/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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### REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
D5407-25 (B-519)

#### Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 36	**** 16 =	x \$ _____ =		or	x \$ 18 = 288
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 9	* 6 =	x \$ _____ =			x \$ 80 = 480
							\$ 710
						OR	\$ 1478

#### Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			
							OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. 02-0429 in the amount of \$ 1478  
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-0429.  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Date \_\_\_\_\_

Signature of Applicant, Attorney or Agent of Record

Richard T. Redano

Typed or printed name